

Name

in
Full

R. I. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oakland</i>		County <i>Garnett</i>		State <i>MARYLAND</i>	
Date of death 190	3	Month <i>April</i>	Day <i>23</i>	Age Years	<i>55</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Scotland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Corn dealer</i>					
Name of Wife or Husband <i>Mrs Anderson</i>							
Father's Name -				Father's Birthplace -			
Mother's Maiden Name -				Mother's Birthplace -			
Name of person giving Information -				How related to deceased -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Embolism</i>	How long	<i>One day</i>
Immediate	<i>Heart - Clot -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	-	Signature of Physician	<i>Henry W. Thomas</i>
		Address	<i>Oakland, Md</i>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sidney Banks Town *Essex* County *Essex*
Died at *Oaklands*
Date of death 190 *3* Month *Apr* Day *22* Age *24* Months Days
Sex *Female* Color or Race *Coloured* Birth-place *Oakland*
Married, Single or Widowed *Single* Occupation
Name of Wife or Husband
Father's Name *Baker Banks* Father's Birthplace *Va*
Mother's Maiden Name Mother's Birthplace
Name of person giving information *114* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute yellow atrophy of liver (P)* How long *Several weeks*
Immediate *Exhaustion* How long
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. E. Leger*
Address *Oaklands*
Accident or Suicide?



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CERTIFICATE OF DEATH

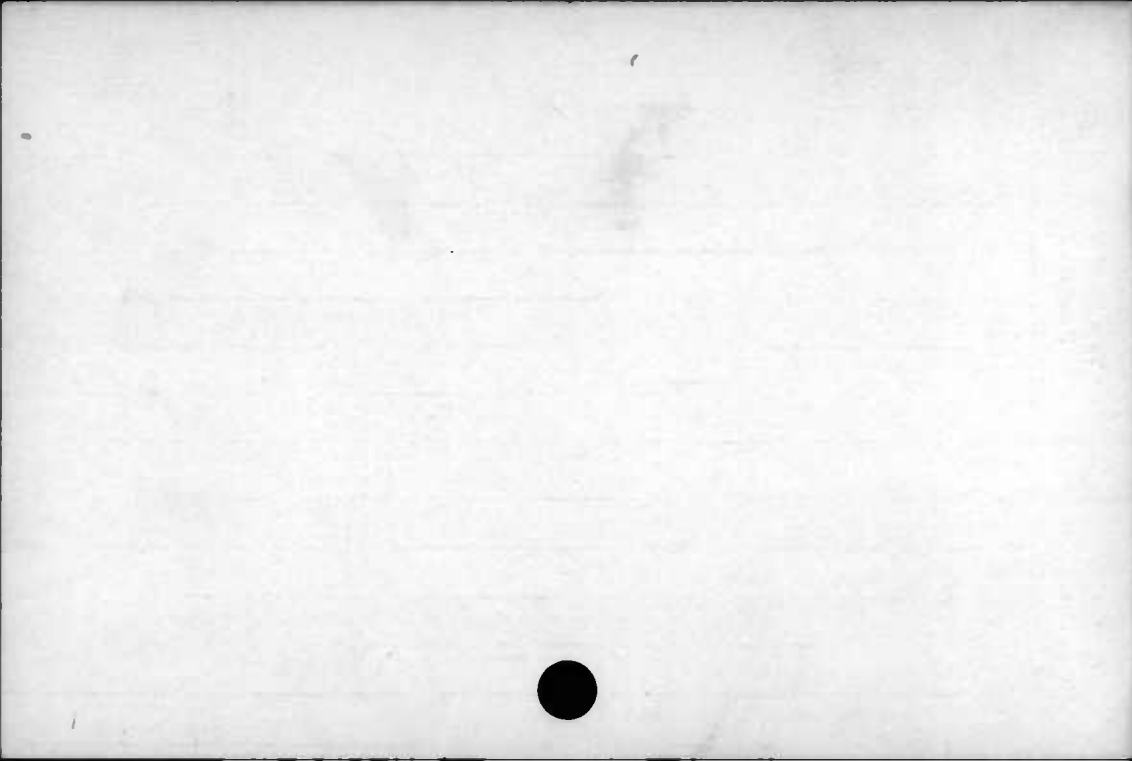
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ruby George</i>		Town <i>Accident</i>		County <i>Garnett</i>		MARYLAND	
Died at <i>Accident</i>							
Date of death 190 <i>3</i>		Month <i>April</i>		Day <i>1</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Accident</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Accident</i>			
Name of Wife or Husband <i>Accident</i>							
Father's Name <i>Edna George</i>				Father's Birthplace <i>Accident</i>			
Mother's Maiden Name <i>Mary Nile</i>				Mother's Birthplace <i>Mineral Md</i>			
Name of person giving information <i>Dustin Englehart</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngitis</i>		How long <i>3 days</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. A. Ramsey</i>	
		Address <i>Accident Md</i>	
Accident or Suicide? <i>Accident</i>			



Name In Full

Certificate of Death

Samuel Hattoe X

Town

County

MARYLAND

Died at Leonell Month Day Year Garnett Native of OccupationDate 1903 April 11 Age 9 Sex Male Color White Married Widow Divorced Single Widower Number of children livingHusband of -Wife Baby FeatherFather's Name Samuel Hattoe Mother's Name Jessie McCombCause of Death { Primary Sore Throat How long sick 1 week
Immediate - Accident, Suicide, HomicideReported by J W Feather 101Address Leonell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hartoe

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Crallin* TownCounty *Jennett*

Date of death 1903 April 18

Age 3 Years

Months

Days

Sex

*boy*Color or
Race*white*Birth-
place*Crallin*Married, Single
or Widowed*single*

Occupation

Name of Wife or
HusbandFather's
Name*Samuel Hartoe*Father's
Birthplace*—*Mother's
Maiden Name*Stella Hartoe*Mother's
Birthplace*—*Name of person giving
Information*J W Freshner*How related
to deceased

CAUSES OF DEATH

Primary

Membranous Coarct

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J W Freshner*

Address

Crallin

Accident or Suicide?



Name
in
Full

Sage, Charles



CERTIFICATE OF DEATH

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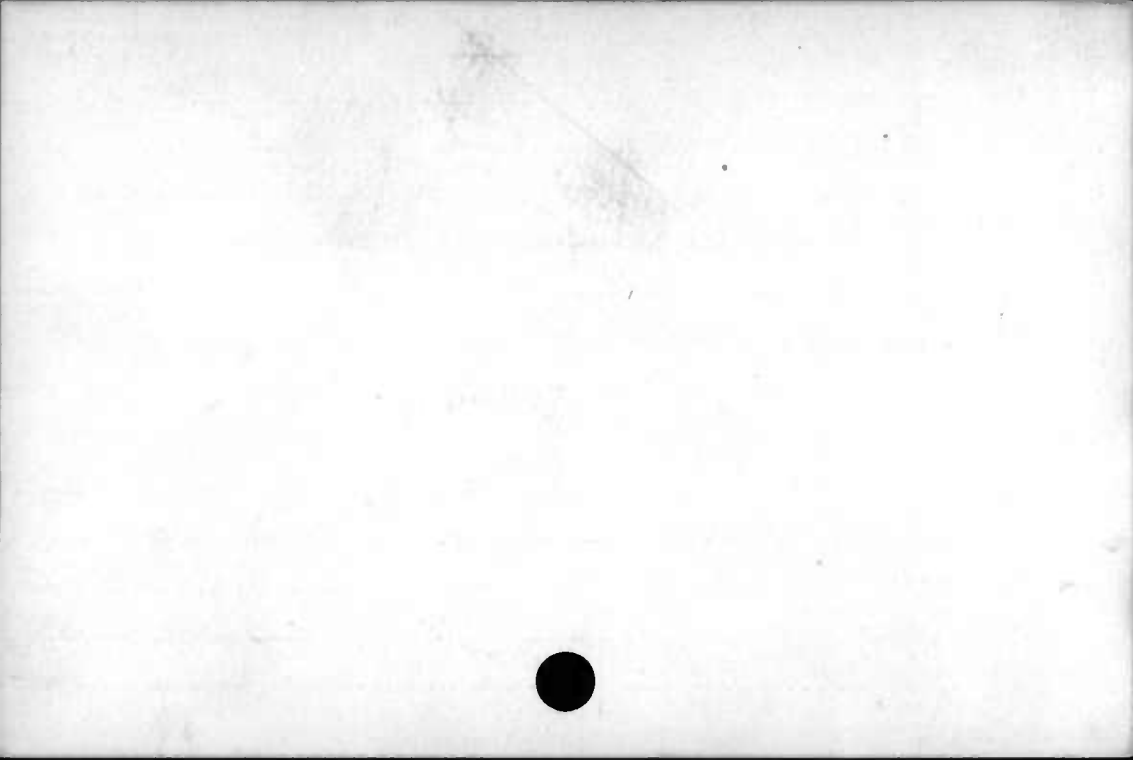
MARYLAND

Died at		Town		County	
Date		Month	Day	Years	Months
of death 1903		April	11	83	7
Sex	Color or Race		Birth-place		Days
Male	white		Maryland		
Married, Single or Widowed			Occupation		
Widowed			Retired		
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving information				How related to deceased	
Charles Miller				Son-in-law	

CAUSES OF DEATH

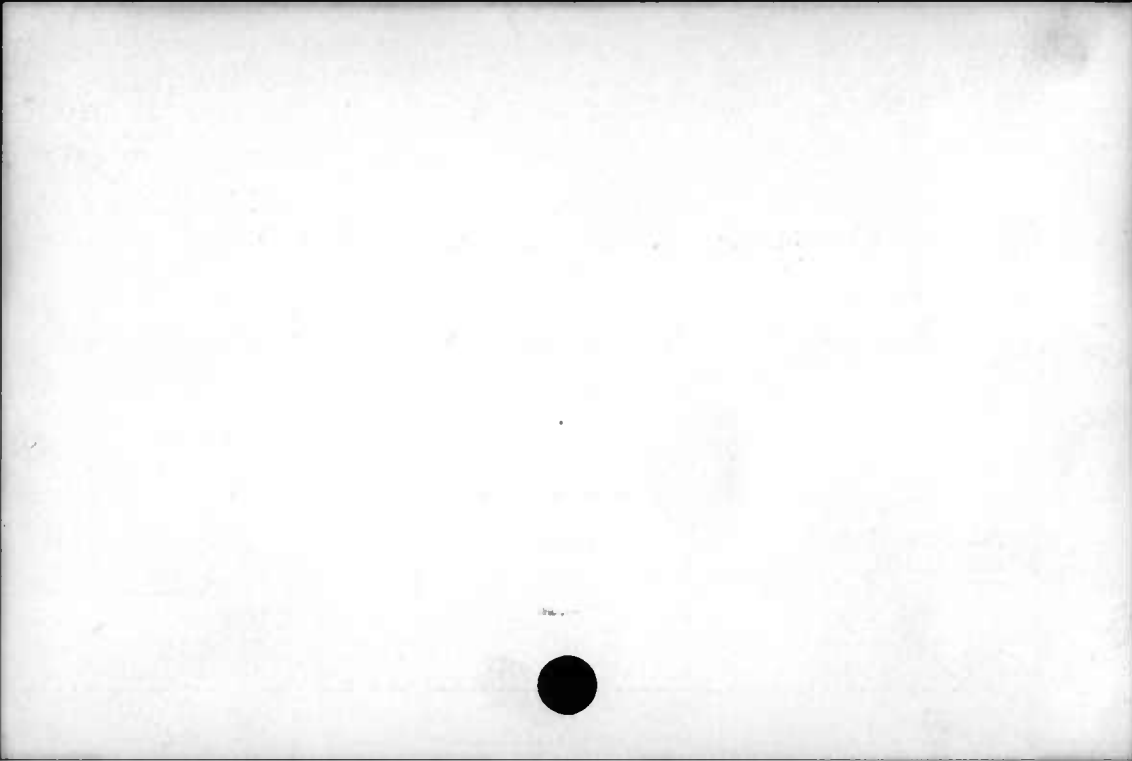
PHYSICIAN
OR CORONER

Primary	How long
Stroke, heart failure, 18 years	466
Immediate	How long
Arteriosclerosis	25 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	
Accident	



Name in Full <u>Genevieve Lee</u>		Town <u>Laurel</u>		County <u>Garret</u>		CERTIFICATE OF DEATH	
Died at <u>Laurel, Md</u>		Date of death 19 <u>33</u>		Age <u>25</u>		MAYLAND	
Month <u>April</u>		Day <u>24</u>		Years <u>25</u>		Months <u> </u> Days <u> </u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>					
Name of Wife or Husband <u>Lee</u>							
Father's Name <u>John Wilson</u>		Father's Birthplace <u> </u>					
Mother's Maiden Name <u>Kesner</u>		Mother's Birthplace <u> </u>					
Name of person giving information <u> </u>		How related to deceased <u> </u>					

CAUSES OF DEATH	
Primary <u>Cancer of Uterus</u>	How long <u>4 yr</u>
Immediate <u>Extension</u>	How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u> </u>	Signature of Physician <u>M. C. Hinebaugh</u>
	Address <u>Danland Md</u>
Accident or Suicide? <u> </u>	



Homer C. Smouse

Town

County

Died at

Oakland

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 1903

April 17

Age

43

Male

White

Married

Widow

Divorced

Garrett's Jeweler

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Susan McCrobie

Wife

Father's

Mother's

Name

Edward Smouse

Maiden Name

Lizzie De Haven

Cause of

Primary

Pleur Pneumonia

How long sick

5

Death

Immediate

Heart Disease 93

Accident, Suicide, Homicide

Reported by

J. D. Gorman J. D.

Address

Oakland Md Garrett Co X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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CERTIFICATE OF DEATH

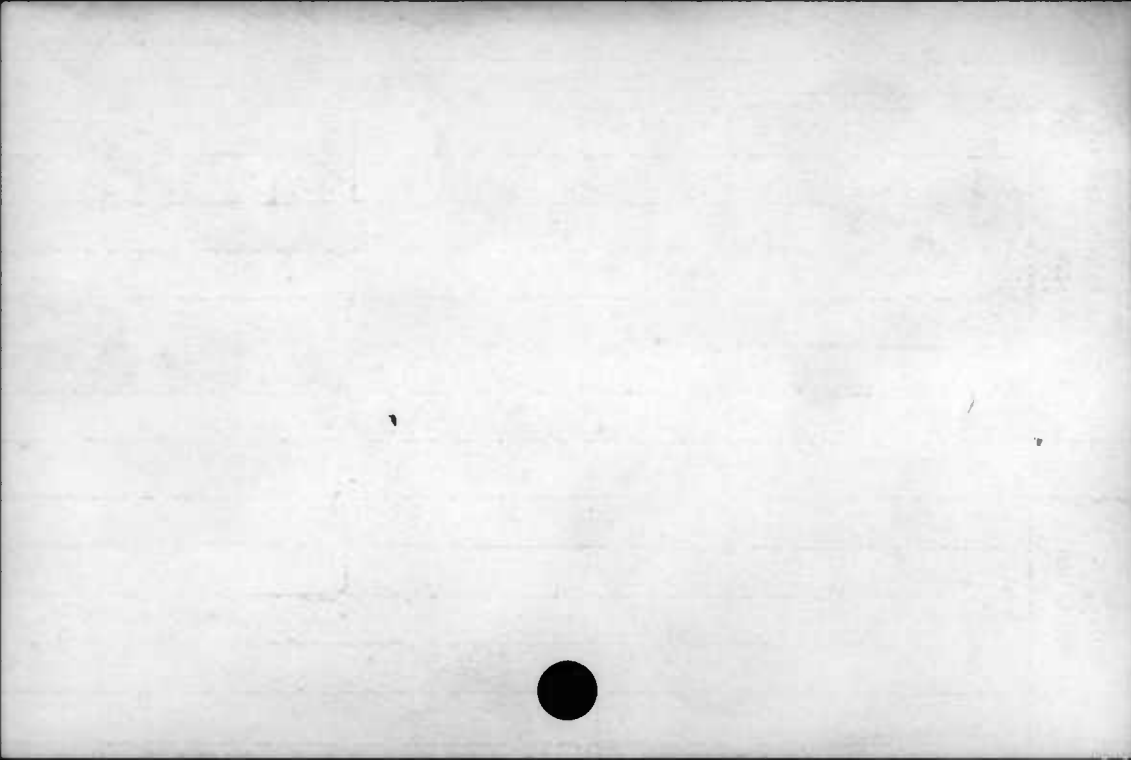
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accident</i> Town		County <i>Garnett</i>		MARYLAND	
Date of death 190	3	Month	April	Day	10
Age	18	Years		Months	
Sex	male	Color or Race	white	Birth-place	Accident
Married, Single or Widowed	Single	Occupation	Fanner		
Name of Wife or Husband					
Father's Name			John Spiker		
Mother's Maiden Name			Katie Beeghtly		
Name of person giving information			Wm. Shagney		
Father's Birthplace			Accident		
Mother's Birthplace			Accident		
How related to deceased			Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Blow on head	How long	12 hours
Immediate	Contusion of brain	How long	17 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. A. Bannan	
		Address	
		Accident	
Accident		Md.	



Name
in
Full

Brison Welch X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Friendville</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Apr</i>	Day <i>4</i>	Age <i>36</i>	Months <i>2</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Cora. B. More</i>					
Father's Name <i>Wm Welch</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Margret Thomas</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Cord. B. More</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Mason M.D.</i>
	Address <i>Friendville Ind</i>
Accident or Suicide? <i>no</i>	

